

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097445356		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		12					53				
4		21					54				
5		10					55				
6		01					56				
7	1						57				
8		1					58				
9		1					59				
10		02					60				
11		20					61				
12		02					62				
13		10					63				
14		02					64				
15		20					65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	19						TOTAL DEP.				
TOTAL CLAIMS	21						TOTAL CLAIMS				